



Mayor's Youth Cabinet

Please Print

Name: _____ Home Phone_(____)_____

Home Address_____

Zip Code _____ E-Mail: _____

Please answer the questions below. This information will be kept confidential.

The following information is necessary to help achieve balanced representation.

Metro District # _____ Race: _____ Gender: _____ Age: _____

High School: _____ Class: _____

Career Interest: _____

Extra Curricular School Activities: _____

Volunteer/Community Service Activities: _____

Leadership Positions Held: _____

Please attach a 250-word essay to this nomination form stating why you wish to become a member of the Mayor's Youth Cabinet. Be sure to include your name and school at the top of the essay.

Please return to: Gloria Moorman, Louisville Metro Human Services,
Office of Youth Development

By mail: 2743 Virginia Ave., Louisville, KY 40211, By fax: (502) 574-1269

By e-mail: Gloria.Moorman@loukymetro.org
